

**Northeast Ohio Action Coalition SIP Team
FINAL GAP Analysis 02/16/16**

Completed by the Northeast Ohio SIP grant Team and all academic programs and clinical agencies/hospitals in the NE OH region.

PATIENT-CENTERED CARE (QSEN)

Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.

| Knowledge | Skills | Attitudes | Gaps | Action Plan | Practice Partner Bedside Application |
|---|--|--|---|--|---|
| <p>K1: Integrate understanding of multiple dimensions of patient centered care:</p> <ul style="list-style-type: none"> • patient/family/community preferences, values • coordination and integration of care • information, communication, and education • physical comfort and emotional support • involvement of family and friends • transition and continuity | <p>S1a: Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care.</p> <p>S1b: Communicate patient values, preferences and expressed needs to other members of health care team</p> | <p>A1a: Value seeing health care situations “through patients’ eyes”.</p> <p>A2b: Respect and encourage individual expression of patient values, preferences and expressed needs</p> <p>A3c: Value the patient’s expertise with own health and symptoms</p> | <p>Gaps identified in K-1 (transition & continuity) and attitudes in ADN curriculum. Competency covered in BSN curriculum.</p> | <p>Clinical: Patient-Centered Care (PCC) Rounds</p> <p>5-minute Sit-Down with patient at beginning of clinical to discuss their holistic plan of care for the day based on their needs and values;</p> <p>Participate in family meeting/discharge planning and write a reflection</p> <p>Classroom: Discussion Board-PCC</p> <p>Role Play/Case Studies</p> <p>Simulation: PCC simulation involving standardized patients: role of patient advocate</p> <p>PCC family engagement</p> | <p>K1-Develops a plan of care in partnership with the patient/family that reflects the values, preferences and existing knowledge about managing their own health</p> <p>BA1-ADN - Develops a plan of care in partnership with the patient/family that reflects the values, preferences and existing knowledge about managing their own health to facilitate patient activation</p> <p>BA1-BSN – Leverages the activated patient’s attitudes, motivators and behaviors in order to develop and sustain a comprehensive plan for care</p> |

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| <p>K2: Describe EBP to include the components of research evidence, clinical expertise, and patient/family values.</p> | <p>S2a: Provide patient-centered care with sensitivity and respect for the diversity of human experience</p> | <p>A2a: Seek learning opportunities with patients who represent all aspects of human diversity</p> <p>A2b: Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds</p> <p>A2c: Willingly support patient-centered care for individuals and groups whose values differ from own</p> | | <p><u>Clinical:</u> Assign culturally diverse patient assignments’</p> <p>Debriefing: culturally sensitive care</p> <p><u>Classroom:</u> Culturally-sensitive nursing care plan presentations: exercises to develop cultural awareness</p> <p><u>Simulation:</u> Culturally-based simulation including patient education</p> | <p>K2- Demonstrates sensitivity to diversity by advocating for patients’ cultural, religious, ethnic, gender, and socioeconomic needs with the interdisciplinary team</p> <p>BA2-ADN - Demonstrates sensitivity to diversity and personal bias by advocating for patients’ cultural, religious, ethnic, gender, and socio economic needs with the interdisciplinary team</p> <p>BA2-BSN-Reflects on personal bias and the potential impact it may have on care delivery; pro-actively addresses biases to improve ability to support those whose values differ from your own.</p> |
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| <p>K3: Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.</p> | <p>S3a: Assess presence and extent of pain and suffering.</p> <p>S3b: Assess levels of physical and emotional comfort</p> <p>S3c: Elicit expectations of patient & family for relief of pain, discomfort, or suffering</p> <p>S3d: Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs</p> | <p>A3a: Recognize personally held values and beliefs about the management of pain or suffering.</p> <p>A3b: Appreciate the role of the nurse in relief of all types and sources of pain or suffering</p> <p>A3c: Recognize that patient expectations influence outcomes in management of pain or suffering</p> | <p>Gap in attitudes regarding chronic pain assessment and management for both ADN & BSN curricula.</p> | <p><u>Classroom:</u> Explore theoretical foundations for caring and comfort</p> <p><u>Clinical:</u> Conduct pain rounds in clinical; identify patients in need of pain control and develop plan of care to assess, involve, and evaluate plan of care for pain</p> <p><u>Simulation:</u> Pain management simulation; uncontrolled versus uncontrolled pain</p> | <p>K3-Evaluates pain and intervenes as appropriate and re-evaluates to determine effectiveness (proactive approach to setting reasonable expectations, developing plan for long-term pain management</p> <p>BA3-ADN -Evaluates pain and intervenes as appropriate and re-evaluate</p> <p>BA3-BSN-Proactively develops, in collaboration with the interprofessional team, reasonable expectations regarding pain management and the plan to meet the established expectations.</p> |
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| <p>K4a: Examine how the safety, quality, and cost effectiveness of health care can be improved through the active involvement of patients and families.</p> <p>K4b: Examine common barriers to active involvement of patients in their own health care processes</p> <p>K4c: Describe strategies to empower patients or families in all aspects of the health care process</p> | <p>S4a: Remove barriers to presence of families and other designated surrogates based on patient preferences.</p> <p>S4b: Assess level of patient’s decisional conflict and provide access to resources</p> <p>S4c: Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management</p> | <p>A4a: Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care.</p> <p>A4b: Respect patient preferences for degree of active engagement in care process</p> <p>A4c: Respect patient’s right to access to personal health records</p> | <p>Gap identified in knowledge, skills & attitudes for both ADN and BSN curricula and in practice; while there is significant exposure at the Baccalaureate educational level – no role modeling takes place.</p> | <p>Classroom: Define patient engagement; Create patient engagement/barriers assignment RBC concept map</p> <p>Clinical: Brief with patient to develop plan of care for day based on priority problem and their values; Assign student as patient engagement officer for clinical day promoting patient values; Student participation in nursing team rounds then participating in team (IP) rounds Post conference can be referred to as the “de-brief” have “patient values” discussion—what are the goals/values of the patients</p> <p>Simulation: Patient Grand Round Simulation with bedside report</p> | <p>K4- Verbally encourages patients to participate in their care to the maximum level they desire and provide opportunities for involvement (BSN implement strategies)</p> <p>BA4-ADN -Verbally encourages patients to participate in their care to the maximum level they desire and provide opportunities for involvement</p> <p>BA4-BSN-Implements strategies to empower patient and families or support systems to participate in their care and removes perceived barriers to participating in their care</p> |
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| <p>K5a: Explore ethical and legal implications of patient-centered care.</p> <p>K5b: Describe the limits and boundaries of therapeutic patient-centered care</p> | <p>S5a: Recognize the boundaries of therapeutic relationships.</p> <p>S5b: Facilitate informed patient consent for care</p> | <p>A5a: Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care.</p> <p>A5b: Appreciate shared decision-making with empowered patients and families, even when conflicts occur</p> | <p>Gap in attitudes in ADN curriculum in exposure to patient rights.</p> | <p>Classroom: Guest Speaker-Legal Nurse Consultant-topic: rights of patients/PCC</p> | <p>K5- Establish/maintain therapeutic relationships with patients consistent with professional boundaries BA5-ADN - Establish/maintain therapeutic relationships with patients consistent with professional boundaries; act as advocate for patient’s choice/preference BA5-BSN – Facilitate a discussion with care delivery team regarding the patient’s choice to initiate their rights (i.e. refuse care, treatment, etc.) even when it differs significantly from the plan of care established by the care delivery team and/or organizational norms</p> |
| <p>K6a: Discuss principles of effective communication.</p> <p>K6b: Describe basic principles of consensus building and conflict resolution</p> <p>K6c: Examine nursing roles in assuring coordination, integration, and continuity of care</p> | <p>S6a: Assess own level of communication skill in encounters with patients and families.</p> <p>S6b: Participate in building consensus or resolving conflict in the context of patient care</p> <p>S6c: Communicate care provided and needed at each transition in care</p> | <p>A6a: Value continuous improvement of own communication and conflict resolution skills</p> | <p>Gap identified in K6b-c, S6c and A6a in ADN education. Adequately covered in BSN curriculum.</p> | <p>Classroom: Role play-handoffs; SBAR exercises</p> <p>Clinical: Faculty-guided handoffs/reports to shifts and to patients with progression to student-led handoffs; SBAR</p> <p>Simulation: SBAR simulation; Simulation with standardized patients</p> | <p>K6- Recognize actual and potential conflict situations before they arise and implement strategies for conflict resolution (facilitate conversations with patients/ families that build consensus when conflict has the potential or actually does arise) BA6-ADN-Recognize actual and potential conflict situations before they arise and implement strategies for conflict resolution BA6-BSN-Facilitate conversations with patients/ families that build consensus when conflict has the potential or actually does arise</p> |

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EVIDENCE-BASED PRACTICE (EBP)(QSEN)

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

| Knowledge | Skills | Attitudes | Gaps | Action Plan | Practice Partner |
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| K1: Demonstrate knowledge of basic scientific methods and processes. | S1a: Participate effectively in appropriate data collection and other research activities. | A1a: Appreciate strengths and weaknesses of scientific bases for practice. | Gap identified in knowledge, skills & attitudes in ADN curriculum. Concepts introduced only. Covered in BSN curriculum. | | K1- Provides relevant, evidence-based practice rationales for nursing/medical interventions BA1-ADN- Provides relevant, evidence base practice rationales for nursing/medical interventions BA1-BSN- Evaluates strengths and weaknesses of EPB that supports nursing/medical interventions |
| K2: Describe EBP to include the components of research evidence, clinical expertise, and patient/family values. | S2a: Adhere to Institutional Review Board (IRB) guidelines S2b: Base individualized care plan on patient values, clinical expertise and evidence | A2a: Value the need for ethical conduct of research and quality improvement A2b: Value the concept of EBP as integral to determining best clinical practice | Gap in skills S2b- ADN Programs. Adequately covered in BSN curriculum. | Classroom: Portfolio assignments citing EB articles for care of patient and clinical changes and their management based on EBP Clinical: Post conference discussion of EBP; how the unit is deploying EBP; EHR documentation—meaningful use of data | K2- Demonstrates understanding of the value of evidence-based practice by adhering to evidence-based practice guidelines BA1-ADN – Demonstrates understanding of the value of evidence based practice by adhering to evidence based practice guidelines BA2-BSN – Engage in collection of EBP data related to a research topic and or unit based project consistent with research protocols |

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| <p>K3a: Differentiate clinical opinion from research and evidence summaries. K3b: Describe reliable sources for locating evidence reports and clinical practice guidelines</p> | <p>S3a: Read original research and evidence reports related to area of practice. S3b: Locate evidence reports related to clinical practice topics and guidelines</p> | <p>A3a: Appreciate the importance of regularly reading relevant professional journals</p> | <p>Classroom: Videotape of nurse/medical researchers discussing importance of research and ongoing projects; Paper: How to become a change agent? What are some areas of improvement in the clinical setting? Clinical: Review agency policies and procedures; discuss any outdated policies; post conference discussion: what EBP students have seen in the units; discussion- “why are you doing what you are doing?” “What is the evidence?” “Where do you see EB in action on your units?”</p> | <p>K3- Share/seek knowledge derived from evidence based literature/policy BA3-ADN-Share/seek knowledge derived from evidence based literature/policy BA3-BSN-Contribute to creation of EBP practice and policy</p> |
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| <p>K4a: Explain the role of evidence in determining best clinical practice.</p> | <p>S4a: Participate in structuring the work environment to facilitate integration of new evidence into standards of practice.</p> | <p>A4a: Value the need for continuous improvement in clinical practice based on new knowledge</p> | <p>Gap in skills and attitudes in ADN curriculum. Adequately covered in BSN curriculum.</p> | <p>Classroom: Review EB articles and interventions Search databases Clinical: Identify how evidence is being used on clinical unit Schedule a presentation with research champions in facility</p> | <p>K4- Identifies evidence-based practice projects on clinical unit BA4-ADN – Identifies evidence-based practice projects on clinical unit BA4-BSN-Participates in dissemination of information regarding best clinical practices (i.e. posters, podium presentations, etc.)</p> |
| <p>K4b: Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care</p> | <p>S4b: Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events</p> | | | <p>Clinical: Students should identify a clinical problem and retrieve the latest evidence provided to manage it and describe how the management will include a PCC focus Simulation: Assign pre-work for an EB simulation (i.e.-Falls prevention-best practices); EB simulation with embedded errors</p> | |

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| <p>K5: Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences</p> | <p>S5a: Consult with clinical experts before deciding to deviate from evidence-based protocols</p> | <p>A5a: Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices</p> | | <p><u>Classroom:</u> Case studies on patient/family preferences and maintaining integrity of care; Panel or team challenges</p> <p>IHI videos</p> <p>MOOC (in future)</p> | <p>K5- Seek out expert resources if unsure as to the rationale for a policy/procedure/guideline/protocol</p> <p>BA5-ADN - Seek out expert resources if unsure as to the rationale for a policy/procedure/guideline/protocol</p> <p>BA5- BSN- Investigate the evidence behind policy/procedure/guideline and advocate for revision if appropriate</p> |
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QUALITY IMPROVEMENT(QI) & SAFETY (QSEN)

Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems thus minimizing the risk of harm to patients and providers through both system effectiveness and individual performance.

| Knowledge | Skills | Attitudes | Gaps | Action Plan | Practice Partner |
|---|--|--|-------------|--|---|
| <p>K1: Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice</p> | <p>S1a: Seek information about outcomes of care for populations served in care setting.</p> <p>S1b: Seek information about quality improvement projects in the care setting.</p> | <p>A1a: Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals</p> | | <p>Classroom: Video of clinical partners discussing importance of CQI; ADN-identify QI project— BSN- implement QI project---</p> <p>Clinicals: Identify benchmarks on unit and are they being met?</p> <p>Identify/discuss any workarounds</p> | <p>K1- Identify core measures, nursing quality indicators, HCAHPS questions your unit is working to improve or sustain</p> <p>BA1-ADN - Identify core measures, nursing quality indicators, HCAHPS questions your unit is working to improve or sustain</p> <p>BA1-BSN-Contribute to unit based quality improvement projects; make recommendations for positive change</p> |

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| <p>K2a: Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families. K2b: Give examples of the tension between professional autonomy and system functioning</p> | <p>S2a: Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit. S2b: Participate in a root cause analysis of a sentinel event</p> | <p>A2a: Value own and others' contributions to outcomes of care in local care settings</p> | <p>Gap in S2b for ADN & BSN curricula as students so not participate in root cause analysis. Introduced to concept but not actualized. Suggest RCA on student errors. ADN Gap: exposure to attitudes at the early levels.</p> | <p>Classroom: Potential RCA related to student errors video scenarios with student errors and/or patient issues TeamSTEPPS- Roles and Responsibilities of IP team assignment Clinical: Develop care plans for assigned patients that support one area related to needed improvement on unit and describe how to measure outcomes/evaluate</p> | <p>K2- Align care, interventions and communication to support unit specific improvement related to outcome measures and to reduce patient risk/harm BA2-ADN–Align care, interventions and communication to support unit specific improvement related to outcome measures and to reduce patient risk/harm BA2-BSN-Participate in the investigation into a system process or error (simulated or actual) to make recommendations for improvement</p> |
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| <p>K3: Explain the importance of variation and measurement in assessing quality of care</p> | <p>S3a: Use quality measures to understand performance. S3b: Use tools (such as control charts and run charts) that are helpful for understanding variation S3c: Identify gaps between local and best practice</p> | <p>A3a: Appreciate how unwanted variation affects care. A3b: Value measurement and its role in good patient care</p> | <p>Gap identified in knowledge, skills & attitudes for ADN curriculum as do not use control or run charts. Covered in BSN curriculum.</p> | <p>Classroom: Mini white paper assignment on one area of improvement needed on units with a proposed intervention to improve that area based on the evidence QI poster project</p> | <p>K3- Recognize how your individual actions contribute to or deter from improvement of above measures and seek immediate assistance to improve situation BA3-ADN- Recognize how your individual actions contribute to or deter from improvement of above measures and seek immediate assistance to improve situation BA3-BSN – Read and interpret quality data charts; describe trends and make recommendations for improvements</p> |
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| <p>K4: Describe approaches for changing processes of care</p> | <p>S4a: Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act</p> <p>S4b: Practice aligning the aims, measures and changes involved in improving care</p> <p>S4c: Use measures to evaluate the effect of change</p> | <p>A4a: Value local change (in individual practice or team practice on a unit) and its role in creating joy in work.</p> <p>A4b: Appreciate the value of what individuals and teams can to do to improve care</p> | <p>Gap in knowledge, skills & attitudes in ADN curriculum as topic is introduced only. Adequately covered in BSN curriculum.</p> | <p>Classroom: Explore change theories; present a change theory and provide examples</p> | <p>K4- Identify environmental and behavioral factors which may compromise patient safety and identify appropriate actions to reduce or eliminate risk/harm</p> <p>BA4-ADN-Identify environmental and behavioral factors which may compromise patient safety and identify appropriate actions to reduce or eliminate risk/harm</p> <p>BA4-BSN-Lead the team in implementing appropriate actions to eliminate patient risk or harm</p> |
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| <p>K5a: Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-around and dangerous abbreviations)</p> <p>K5b: Describe the benefits and limitations of selected safety-enhancing technologies (such as barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms)</p> <p>K5c: Discuss effective strategies to reduce reliance on memory</p> | <p>S5a: Demonstrate effective use of technology and standardized practices that support safety and quality.</p> <p>S5b: Demonstrate effective use of strategies to reduce risk of harm to self or others</p> <p>S5c: Use appropriate strategies to reduce reliance on memory (such as. forcing functions, checklists)</p> | <p>A5a: Value the contributions of standardization/reliability to safety.</p> <p>A5b: Appreciate the cognitive and physical limits of human performance</p> | | <p>Classroom: “What are workarounds?”; Research the most common workarounds and describe how these impact the safety of patients</p> <p>TJC assignment of prohibited abbreviations</p> <p>Clinical: Discuss with students any workarounds seen in the clinical setting</p> <p>“How does one approach a co-worker who uses workarounds?” TeamSTEPPS-CUS/2-Challenge Rule</p> | <p>K5a-Prior to beginning care, identify and utilize any standard protocols, procedures and/or guidelines that need to be followed for optimal patient care</p> <p>K5b-Identify breakdowns in the process of care delivery and utilize the chain of command appropriately to minimize patient risk or harm</p> <p>K5c-Prioritizes patient care activities based on clinical acuity and safety needs</p> <p>BA5a-ADN - Prior to beginning care, identify and utilize any standard protocols, procedures and/or guidelines that need to be followed for optimal patient care</p> <p>BA5b-ADN - Identify breakdowns in the process of care delivery and utilize the chain of command appropriately to minimize patient risk or harm</p> <p>BA5c-BSN – Identify and lead (i.e. role model) unit-based initiatives that support standardization of evidence-based care (i.e. protocols, checklists)</p> |
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| <p>K6a: Delineate general categories of errors and hazards in care.</p> <p>K6b: Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)</p> <p>K6c: Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis)</p> | <p>S6a: Communicate observations or concerns related to hazards and errors to patients, families and the health care team.</p> <p>S6b: Use organizational error reporting systems for near miss and error reporting</p> <p>S6c: Participate appropriately in analyzing errors and designing system improvements.</p> <p>S6d: Engage in root cause analysis rather than blaming when errors or near misses occur</p> | <p>A6a: Value own role in preventing errors</p> <p>A6b: Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team</p> | <p>Gap in knowledge, skills & attitudes in ADN curriculum as concept introduced only. Adequately covered in BSN curriculum.</p> | <p>Simulation: Videos/simulations with embedded workarounds within them</p> <p>Classroom: Discuss the concept of “just culture”</p> <p>Clinical: Explore what the procedure for error reporting is on the clinical unit; Invite the NM or charge nurse to a post-conference to discuss the importance of reporting near misses or errors</p> | <p>K6- Identify and immediately report near misses, deviations from protocol and errors in formal reporting system and to unit nurse leader</p> <p>BA6a-ADN-Deonstrate moral courage by identifying and immediately reporting individual and care team deviations from protocol and errors in formal reporting systems and to unit nurse leader</p> <p>BA6b-ADN-Recognize near misses in clinical practice and formally report in hospital system and to unit nurse leader</p> <p>BA6c/d-BSN- Analyze potential, actual or simulated error or near miss to identify process or design improvements</p> |
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| <p>K7: Discuss potential and actual impact of national patient safety resources, initiatives and regulations</p> | <p>S7a: Use national patient safety resources for own professional development and to focus attention on safety in care settings</p> | <p>A7a: Value relationship between national safety campaigns and implementation in local practices and practice settings</p> | | <p><u>Classroom:</u> NPSG assignment</p> | <p>K7- Apply all National Patient Safety Goals and Routine Care Protocols during all patient interactions (I.e. 2 identifiers)</p> <p>BA7-ADN - Apply all NPS Goals and Routine Care Protocols during all patient interactions (I.e. 2 identifiers)</p> <p>BA7-BSN-Translate how NPS goals positively impact care delivery</p> |
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INFORMATICS & TECHNOLOGY (QSEN)

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

| Knowledge | Skills | Attitudes | Gaps | Action Plan | Practice Partner |
|---|--|---|------|--|--|
| <p>K1: Explain why information and technology skills are essential for safe patient care</p> | <p>S1a: Seek education about how information is managed in care settings before providing care. S1b: Apply technology and information management tools to support safe processes of care</p> | <p>A1a: Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills</p> | | <p>Classroom: Leveled assignments in academic EHR (i.e.- NeehrPerfect, DocuCare, Practice Fusion, Sim Chart); explore how an EHR integrates quality/safety for patients</p> | <p>K1- Utilize all tools imbedded within the electronic health record or accessible within the organization which support accurate documentation, accurate medication administration and clinical care. BA1-ADN-Utilize all tools imbedded within the electronic health record or accessible within the organization which support accurate documentation, accurate medication administration and clinical care. BA1-BSN-Advocates for adoption of EMR and technology advances to drive improved quality, patient safety and efficiency of work flow.</p> |

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| <p>K2a: Identify essential information that must be available in a common database to support patient care. K2b: Contrast benefits and limitations of different communication technologies and their impact on safety and quality</p> | <p>S2a: Navigate the electronic health record. S2b: Document and plan patient care in an electronic health record S2c: Employ communication technologies to coordinate care for patients</p> | <p>A2a: Value technologies that support clinical decision- making, error prevention, and care coordination. A2b: Protect confidentiality of protected health information in electronic health records</p> | <p>Gaps identified for K2b and S2c in ADN curriculum. Covered in BSN curriculum.</p> | <p>Clinical: Provide meaningful use opportunities in clinical setting; examine data in EHR and emphasize importance of tracking trends in patients data; Explore and provide assignments for obtaining information from reliable resources available on sites (i.e.-Lexi-Com)</p> | <p>K2- Ensure all patient documentation occurs within established fields to ensure safe hand-off, accurate data abstraction and error prevention. BA2- ADN – Ensure all patient documentation occurs within established fields to ensure safe hand-off, accurate data abstraction and error prevention. BA2-BSN-Contributes perspective of the risk/benefit of EMR and technology advances to patient coordination and care</p> |
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| <p>K3a: Describe examples of how technology and information management are related to the quality and safety of patient care.</p> <p>K3b: Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care</p> | <p>S3a: Respond appropriately to clinical decision-making supports and alerts.</p> <p>S3b: Use information management tools to monitor outcomes of care processes</p> <p>S3c: Use high quality electronic sources of healthcare information</p> | <p>A3a: Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care</p> | | <p>Classroom: Decision support tools EHR integration</p> <p>Clinical: Review of NSI documentation Student portal Job aides to assist documentation Complete assessment and have RN – or faculty co-sign</p> <p>Simulation: Simulated EHR</p> | <p>K3- Utilize clinical decision making tools and alerts to improve the safety and timeliness of interventions</p> <p>BA3-ADN – Utilize clinical decision making tools and alerts to improve the safety and timeliness of interventions</p> <p>BA3-BSN-Understand the concept and impact of Nursing Informatics in the organization and in healthcare; contribute to, support and role model technology improvements.</p> |
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COMMUNICATION, TEAMWORK, & COLLABORATION (NOF-MA & QSEN)

Definition: Interact effectively with patients and families and within nursing and inter-professional teams, to foster open communication, mutual respect, and shared decision- making, to achieve quality patient care and positive health outcomes, and to enhance patient satisfaction.

| Knowledge | Skills | Attitudes | Gaps | Action Plan | Practice Partner |
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| <p>K1: Describe own strengths, limitations, and values in functioning as a member of a team</p> | <p>S1a: Demonstrate awareness of own strengths and limitations as a team member.</p> <p>S1b: Initiate plan for self-development as a team member</p> <p>S1c: Act with integrity, consistency and respect for differing views</p> | <p>A1a: Acknowledge own potential to contribute to effective team functioning.</p> <p>A1b: Appreciate importance of intra- and inter-professional collaboration</p> | | <p>Classroom: Deliver TeamSTEPPS Fundamentals Program; provide opportunities for team-based learning in classroom; Consider an opportunity for collaborative testing; Team assignments/presentations</p> | <p>K1a- Demonstrate awareness of strengths and opportunities related to communication in self and other members of the interdisciplinary team</p> <p>K1b- Clearly establish identity and role in the care delivery team and also with patient and family</p> <p>BA1a-ADN- Demonstrate awareness of strengths & opportunities related to communication in self and other team members</p> <p>BA1b-ADN - Clearly establish identity & role & actively participate in the care delivery team & with patient and family</p> <p>BA1b-BSN- Convene & coordinate discussion w/ interdisciplinary team to address current/ potential patient care issues</p> <p>BA1c-BSN- Solicit differing/various opinions from the interdisciplinary team to gain an improved perspective on the situation.</p> |

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| <p>K2a: Describe scopes of practice and roles of health care team members.</p> <p>K2b: Describe strategies for identifying and managing overlaps in team member roles and accountabilities</p> <p>K2c: Recognize contributions of other individuals and groups in helping patient/family achieve health goals</p> | <p>S2a: Function competently within own scope of practice as a member of the health care team.</p> <p>S2b: Assume role of team member or leader based on the situation</p> <p>S2c: Initiate requests for help when appropriate to situation</p> <p>S2d: Clarify roles and accountabilities under conditions of potential overlap in team member functioning</p> <p>S2e: Integrate the contributions of others who play a role in helping patient/family achieve health goals</p> | <p>A2a: Value the perspectives and expertise of all health team members.</p> <p>A2b: Respect the centrality of the patient/family as core members of any health care team</p> <p>A2c:Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities</p> | <p>Gap identified for K2b and S2d in both ADN & BSN curricula due to limited clinical experiences.</p> <p>Very limited clinical opportunities for all students in all programs.</p> | <p>Clinical: Pre-assignment: Roles and responsibilities of the healthcare team; “Who are they and what do they do?: what is their scope of practice and how does that relate to nursing?”</p> <p>Provide opportunities to pair students together for clinical</p> <p>Assign students shadowing opportunities with others on unit—i.e.-charge nurse, PCNA) as well as other healthcare</p> | <p>K2- Incorporate all of the diverse roles and skills of team to accomplish care delivery; ensure new team members (i.e. students, float staff, new staff) understand their role and contribution.</p> <p>BA2a-ADN - Describe scopes of practice and roles of health care team members.</p> <p>BA2-ADN - Function competently within own scope of practice as a member of the health care team.</p> <p>BA2-ADN-Incorporate the diverse roles/skills of team to accomplish care delivery; ensure new team members (i.e. students, float staff, new staff) understand their role and contribution.</p> <p>BA2b/d-BSN – Implements situational leadership to minimize inefficiencies in the care team and ensure Caregivers are functioning at top of role</p> |
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| <p>K3a: Analyze differences in communication style preferences among patients and families, nurses and other members of the health team.</p> <p>K3b: Describe impact of own communication style on others</p> <p>K3c: Discuss effective strategies for communicating and resolving conflict</p> | <p>S3a: Communicate with team members, adapting own style of communicating to needs of the team and situation.</p> <p>S3b: Uses clear, concise, and effective written, electronic, and verbal communication</p> <p>S3c: Demonstrate commitment to team goals</p> <p>S3d: Solicit input from other team members to improve individual, as well as team, performance</p> <p>S3e: Initiate actions to resolve conflict</p> | <p>A3a: Value teamwork and the relationships upon which it is based.</p> <p>A3b: Value different styles of communication used by patients, families and health care providers</p> <p>A3c: Contribute to resolution of conflict and disagreement</p> | | <p>Classroom: TeamSTEPPS Fundamentals module: Communication; Chain link exercises (no speaking)</p> <p>Provide assignments related to differing communication styles among cultures and within cultures and how this impacts the quality of care given to patients</p> | <p>K3- Identify and utilize service expectations of organization when communicating with patient and family.</p> <p>BA3-ADN - Identify and utilize service expectations and service recovery model of organization when communicating with patient, family and team members.</p> <p>BA3a/b-BSN-Develop a variety of communication styles and recognize situations where they can best be adopted.</p> <p>BA3d-BSN – Solicit feedback on whether communication style utilized was effective and/or well received in the situation</p> <p>BA3e-BSN-Provide feedback to peers/ members of the interdisciplinary team to drive accountability.</p> |
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| <p>K4: Describe examples of the impact of team functioning on safety and quality of care.</p> | <p>S4a: Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care.</p> | <p>A4a: Appreciate the risks associated with handoffs among providers and across transitions in care</p> | <p>Gap identified in knowledge, skills & attitudes in ADN curriculum. Covered in BSN curriculum.</p> | <p>Classroom: TeamSTEPPS Fundamentals module- Introduction</p> | <p>K4- Provide hand-off communication using SBAR and participate in interdisciplinary rounding while including patient and family at the bedside BA4-ADN - Provide hand-off communication using an EBP method (i.e. SBAR) and participate in interdisciplinary rounding while including patient and family at the bedside BA4-BSN - Anticipate and seek to eliminate barriers to communication (i.e. health literacy, language barriers, etc.) for family and other care-providing entities during transition of care</p> |
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| <p>K5: Explain how authority gradients influence teamwork and patient safety</p> | <p>S5a: Assert own position/ perspective in discussions about patient care S5b: Choose communication styles that diminish the risks associated with authority gradients among team members</p> | | <p>Gap K5 knowledge in ADN curriculum. Adequately covered in BSN curriculum.</p> | <p><u>Clinical:</u> Students have presence in the room with the physician Opportunities for transitions of care exchange Change of shift report participation/bedside rounds <u>Simulation:</u> MD/nurse exchange and SBAR exercise Develop written documentation skills Reflection on roles of IP team – dynamic and role change <u>Classroom:</u> TeamSTEPPS tools</p> | <p>K5- Recognize that the patient’s RN has ultimate accountability for the patient’s care; therefore communicate patient interventions and concerns in real time. BA5-ADN - Communicate patient needs/concerns or request for intervention and concerns in real time despite perception of position of authority on team. BA5-BSN - Expressing concerns, questioning and/or clarifying plan of care despite perception of position of authority on team.</p> |
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| <p>K6a: Identify system barriers and facilitators of effective team functioning.</p> <p>K6b: Examine strategies for improving systems to support team functioning</p> | <p>S6a: Participate in designing systems that support effective teamwork</p> | <p>A6a: Value the influence of system solutions in achieving effective team functioning</p> | <p>Gap in K6b, S6a and A6a in ADN curriculum. Lack of understanding of systems. Covered in BSN curriculum.</p> | <p>Classroom: Systems Thinking Scale (Mary Dolansky) – free download on the CWRU site http://fpb.case.edu/systemstinking/sts.shtm</p> <p>Simulation: Simulation of situation dysfunction</p> <p>Clinical: Debriefing of team performance Staff focus group participation Lead rounds of the IDT LTC – experience at the beginning and end of</p> | <p>K6- Identify and utilize the organization’s service expectations and service recovery model when responding to patient and family concerns</p> <p>BA6-ADN - Engage in discussions to identify areas of improvement related to team function</p> <p>BA6- BSN - recognize when team functioning is sub-optimal and intimate discussion on problem solving strategies</p> |
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| <p>K7: Applies the principles of teaching</p> | <p>S7a: Assesses factors that influence the patient's and family's ability to learn, including readiness to learn, preferences for learning style, and levels of health literacy</p> | <p>A7a: Accepts the role and responsibility for providing health education to patients and families</p> | | <p>Clinical: Develop teaching plan and present to staff or unit Health literacy assignment/diversity in education Patient teaching stations Accessing resources – literacy, cultural, language – what are the challenges patients face?</p> | <p>K7- Uses specific communication strategies (i.e. active listening) to evaluate Identifies and documents barriers to patient learning and provides intervention to minimize barriers BA7-ADN - Uses specific communication strategies (i.e. active listening) to identify, evaluate and document barriers to patient learning and provides intervention to minimize barriers BA7 – BSN – Develop strategies in collaboration with interdisciplinary team to address barriers and improve patient's health literacy</p> |
| <p>K8: Uses the influences of different learning styles in the education of patients and families</p> | <p>S8a: Assists patients and families in accessing and interpreting health information and identifying healthy lifestyle behaviors</p> | | | <p>Classroom: Discuss teaching-learning styles. Why's – how to teach a patient Clinical: Teach-back-cultural/Dementia/Learning assessment Resources to teach – identify and use Simulation: practice</p> | <p>K8- Uses evidence-based teaching strategies (i.e. teach back) when providing education to patient/family BA8-ADN - Uses evidence-based teaching strategies (i.e. teach back) when providing education to patient/family BA8-BSN – Accesses community resources to provide sustained health education for patient and family</p> |

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LEADERSHIP AND PROFESSIONALISM (NOF-MA)

Definition: Influences the behavior of individuals or groups of individuals within their environment in a way that will facilitate the establishment and acquisition/achievement of shared goals; and demonstrates accountability for the delivery of standard-based nursing care consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.

| Knowledge | Skills | Attitudes | Gaps | Actions | Practice Partner |
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| K1: Identifies leadership skills essential to the practice of nursing | S1a: Integrates leadership skills of systems thinking, communication, and facilitating change in meeting patients' needs | A1a: Recognizes the role of nurse as leader | | <p><u>Simulation:</u> delegation and staff situations/ behaviors</p> <p><u>Classroom:</u> TeamSTEPPS leadership tools (situational leadership) IHI modules</p> | <p>K1- Assesses, plans and manages nursing interventions to optimize patient outcomes altering delivery and prioritization based on patient needs.</p> <p>BA1-AND-Assesses, plans & manages nursing interventions to optimize patient outcomes altering delivery and prioritization based on patient needs.</p> <p>BA1-BSN- Coordinates delivery of nursing care on unit using a system based thinking approach</p> |

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| <p>K2: Understands critical thinking and problem-solving processes</p> | <p>S2a: Uses systematic approaches in problem solving</p> <p>S2b: Demonstrates purposeful, informed, outcome-oriented thinking</p> | <p>A2a: Values critical thinking processes in the management of clinical situations</p> <p>A2b: Values efficiency, effectiveness, and innovation in the practice environment.</p> | <p>Gaps in Skills & Attitudes in ADN curriculum. Students exposed to concepts but lack depth of understanding to operationalize . Measurable outcomes component lacking. Competency adequately covered in BSN curriculum.</p> | <p><u>Simulation/Lab:</u> OSCE or simulation, video simulation</p> <p><u>Classroom:</u> EBP Projects</p> <p><u>Clinical/Classroom:</u> QI projects</p> | <p>K2- Demonstrates anticipatory thinking – Utilizes SBAR hand-off, patient history and assessment data to identify and prevent patient decompensation and/or harm. interprofessional team and appropriately questions other members of the care delivery team</p> <p>BA2-ADN- Demonstrates anticipatory thinking – Utilizes EBP method for hand-off, patient history and assessment data to identify and prevent patient decompensation and/or harm.</p> <p>BA2-BSN-Demonstrates leadership by actively creating and supporting an environment where critical thinking is valued (i.e. during hand-off report instead of asking if tasks were completed, focus on communication that allows for anticipation and/or prevention patient problems)</p> |
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| <p>K3a: Understands human behavior, mental processes, and individual and group performance</p> <p>K3b: Identifies the roles and skills of the health care team</p> | <p>S3a: Demonstrates ability to effectively participate in Interprofessional teams</p> <p>S3b: Promotes a productive culture by valuing individuals and their contributions</p> <p>S3c: Models effective communication and promotes cooperative behaviors</p> <p>S3d: Shows tolerance for different viewpoints</p> | <p>A3a: Recognizes the centrality of an interprofessional team approach to patient care</p> <p>A3b: Values the perspectives and expertise of each member of the health care team</p> | <p>Gap in Knowledge, Skills & Attitudes in ADN curriculum. Lack of understanding the impact of role in the health care team. Competency adequately covered in BSN curriculum.</p> | <p>Classroom: TeamSTEPPS® Integration at all levels</p> <p>Clinical: Managing multiple patients at once</p> <p>Opportunities for engagement with interprofessional and transdisciplinary teams</p> <p>Shadowing experience with charge nurse</p> <p>Exploration/problem solving of transition of care issues</p> | <p>K3- Brings the voice of nursing to collaboratively interact with the inter-professional team and appropriately questions other members of the care delivery team</p> <p>BA3- ADN - Brings the voice of nursing to collaboratively interact with the inter-professional team and appropriately questions other members of the care delivery team (i.e. contributes during rounding)</p> <p>BA3-BSN- Identify and assemble appropriate interdisciplinary team members in order to address complex patient/family situations</p> |
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| <p>K4: Explains the importance, necessity, and process of change</p> | <p>S4a: Implements change to improve patient care S4b: Anticipates consequences, plans ahead, and changes approaches to get best results S4c: Participates in the change process to improve patient care, the work environment, and patient and staff satisfaction.</p> | <p>A4a: Recognizes one's own reaction to change and strives to remain open to new ideas and approaches A4b: Values new ideas and interventions to improve patient care</p> | <p>Gap in skills in ADN curriculum. Student understands at basic level only. Competency adequately covered in BSN curriculum.</p> | <p>Classroom/Clinical: QI project Change process model application Clinical: Reflective exercise – Action in nurse manager role</p> | <p>K4- Demonstrates adaptability and acceptance of a constantly changing work environment by quickly assimilating information and adapting patient care activities according to changes in the environment number of resources, or patient condition/requirements BA4- ADN - Demonstrates adaptability and acceptance of a constantly changing work environment by quickly assimilating information and adapting patient care activities according to changes in the environment number of resources, or patient condition/requirements BA4 - BSN – Translates the need for change (understands the rationale and impact of change on care delivery), utilizes change process concepts to drive peer/team acceptance.</p> |
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| <p>K5: Understands the principles of accountability and delegation</p> | <p>S5a: Demonstrates accountability for own nursing practice. S5b: Exercises critical thinking within standards of practice S5c: Assigns, directs, and supervises ancillary personnel and support staff in carrying out particular roles/functions aimed at achieving patient care goals</p> | <p>A5a: Accepts accountability and responsibility for one's own professional judgment and actions A5b: Recognizes the value of delegation A5c: Shows commitment to provision of high quality, safe, and effective patient care A5d: Accepts accountability for nursing care given by self and delegated to others</p> | <p>Gap identified as weakness due to lack of clinical experiences; Need to close loop for delegation and supervision.</p> | <p>Clinical experiences Use same language Understand checkpoints</p> | <p>K5- Assumes accountability for delegation of nursing care and employs ongoing communication and follow-up to ensure delegated tasks are completed safely, accurately and with respect to patient preferences. BA5- ADN - Assumes accountability for delegation of nursing care and employs ongoing communication and follow-up to ensure delegated tasks are completed safely, accurately and with respect to patient preferences. BA5 – BSN – Assume accountability for the efficient operation of the entire unit and reallocates resources to ensure optimal operations</p> |
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| <p>K6: Describes legal and regulatory factors that apply to nursing practice</p> | <p>S6a: Uses recognized professional standards of practice S6b: Implements plan of care within legal, ethical, and regulatory framework of nursing practice S6c: Complies with safety and regulatory standards and includes mandated reporting regulations S6d: Recognizes and acts upon breaches of law relating to nursing practice and professional codes of conduct S6e: Understands limits to one's scope of practice and adheres to licensure law and regulations</p> | <p>A6a: Values professional standards of practice A6b: Values and upholds legal and regulatory principles and standards</p> | <p>Gap identified for S6d in both ADN & BSN programs. Also identified as weakness in practice. Students recognize scope but do not see this carried out in practice.</p> | <p>Simulation: Ethical issues of care Family and patient scenario – use of real actors versus well-known faculty for realism Clinical: Exposure to ethics committee Clinical storytelling Exposure to palliative care consult</p> | <p>K6- Practice within the parameters of set forth by RN scope of practice, professional practice and legal standards BA6- ADN - Practice within the parameters of set forth by RN scope of practice, professional practice and legal standards BA6-BSN- Demonstrates self-accountability for legal and regulatory practices regardless of the presence of role models</p> |
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| <p>K7: Understands the professional standards of practice, the evaluation of that practice, and the responsibility and accountability for the outcome of practice</p> | <p>S7a: Demonstrates professional comportment</p> <p>S7b: Provides and receives constructive feedback to/from peers</p> | <p>A7a: Recognizes personal capabilities, knowledge base, and areas for development</p> <p>A7b: Values collegiality, openness to critique, and peer review</p> | <p>Gap identified for S7 in both ADN & BSN curriculum. Weakness in peer review and holding peers accountable in all programs.</p> <p>K7, A7 – at basic level only in ADN curriculum. Covered in BSN curriculum.</p> | <p>Classroom: Discuss mandatory practice requirements; practice issues; Nurse Practice Act; errors of omission/com mission; ethical practice; staying true to standards, ethics; delegation – giving feedback. Use case studies.</p> <p>Clinical: Look at care on the unit – actually work with charge nurse and delegate. Hourly rounds</p> <p>Simulation: Delegation, what do you do when you see something wrong? Role-play</p> | <p>K7- Receives feedback regarding own behavior and practice from peers and other member of the interdisciplinary team and seeks out assistance or learning opportunities to resolve deficits</p> <p>K7b- Claims responsibility for own practice as evidenced by taking initiative to ensure all appropriate and required learning certification and licensure is up to date</p> <p>BA7a- ADN - Receives feedback regarding own behavior/ practice from peers/other member of the interdisciplinary team/ seeks out assistance or learning opportunities to resolve deficits</p> <p>BA7b-ADN- Claims responsibility for own practice as evidenced by initiative to ensure all appropriate and required learning certification and licensure is up to date</p> <p>BA7a – BSN – Provides constructive feedback regarding behaviors & practices of peers/ interdisciplinary team verbally and in writing</p> <p>BA7b-BSN- Practices self-accountability (i.e. self-regulation) regarding adherence to professional standards regardless of the presence of role models</p> |
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| <p>K9a: Describes factors essential to the promotion of professional development</p> <p>K9b: Describes the role of a professional organization shaping the practice of nursing</p> | <p>S9a: Participates in life-long learning</p> | <p>A9a: Committed to life-long learning</p> | | <p>Classroom: Discuss moral courage, Clinical: Interview nurses- how do they deal with ethical issues</p> | <p>K9- Actively seeks new knowledge and information to ensure ongoing professional development and competency in practice</p> <p>BA9- ADN - Actively seeks new knowledge and information to ensure ongoing professional development and competency in practice (i.e. specialty certification, BSN)</p> <p>BA9-BSN-Recognizes the value of advanced nursing degrees and their impact in care delivery at the bedside (i.e. pursues advanced degree; ongoing education)</p> |
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| <p>K10: Understands the importance of reflection to advancing practice and improving outcomes of care</p> | <p>S10a: Seeks appropriate mentors</p> <p>S10b: Clarifies biases, inclinations, strengths, and self-limitations</p> <p>S10c: Adapts to stressful situations</p> <p>S10d: Acts as an effective role model and resource for students and support staff</p> <p>S10e: Demonstrates ability to stand up for beliefs and does not avoid challenges</p> <p>S10f: Demonstrates ability for reflection in action, reflection for action, and reflection on action</p> | <p>A10a: Values the mentoring relationship for professional development</p> <p>A10b: Values and is committed to being a reflective practitioner</p> <p>A10c: Recognizes that personal attitudes, beliefs and experiences influence one's leadership style</p> <p>A10d: Recognizes the limits of one's own role and competence and, where necessary, consults with other health professionals with the appropriate competencies</p> <p>A10e: Values fairness and open mindedness</p> <p>A10f: Values an environment encouraging creative thinking and innovations.</p> <p>A10g: Values courage as a leadership skill</p> | <p>Gap identified for K10, S 10a, S10b, S10c: area of weakness in ADN curriculum.</p> | <p>Reflective approach to learning needs to be farther developed; standardized tools and teaching methods.</p> <p>Clinical faculty need to have professional development</p> <p>Greater self-awareness with practice partners for mentoring/mentorship responsibilities of the profession</p> | <p>K10-Reflects on practice to identify opportunities for improvement and to acknowledge successes</p> <p>BA10-ADN-Independently reflects on practice in light of EBP to identify opportunities for improvement and to acknowledge successes</p> <p>BA10-BSN – Identifies resources needed to ensure quality of patient outcomes as well as to advance professionally</p> |
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| <p>K11a: Understands the concept of autonomy and self-regulation in nursing practice</p> <p>K11b: Understands the culture of nursing and the health care system</p> | <p>S11a: Seeks ways to advocate for nursing's role, professional autonomy, accountability, and self-regulation</p> <p>S11b: Promotes and maintains a positive image of nursing</p> | <p>A11a: Recognizes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization</p> | <p>Gap in knowledge, skills & attitudes in Associate Degree programs; concepts are introduced only. Competency adequately covered in BSN curriculum.</p> | <p>Classroom: teach</p> <p>Clinical: Journal-reflective practice</p> <p>Attend shared governance committee.</p> <p>Attend IP rounds</p> <p>Simulation: Create situations requiring advocacy</p> | <p>K11-Identifies organizational service and professional expectations in order to initiate effective conversations with peers and other members of the interdisciplinary team regarding behavior and practice and maintain a positive image of nursing</p> <p>BA11-ADN-Identifies organizational service and professional expectations in order to initiate effective conversations with peers and other members of the interdisciplinary team regarding behavior and practice and to maintain a positive image of nursing</p> <p>BA11-BSN- Participate in organizational, community and interprofessional committees/ organizations in order to enhance and elevate the image of nurse</p> |
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| <p>K12: Understands role and responsibilities as patient advocate</p> | <p>S12a: Serves as a patient advocate</p> | <p>A12a: Values role and responsibilities as a patient advocate</p> | <p>Classroom: Discuss/case studies Assertiveness Clinical: Identify available resources for patient advocacy. Know resources for transitions of care. Speak for patient when the patient cannot. Simulation: Create situations that require advocacy and moral courage. Role play situations.</p> | <p>K12-Effectively advocates for patient, family and colleagues diverse cultural and religious practices and preferences BA12-ADN-Effectively advocates for patient, family and colleagues' diverse practices and preferences (i.e. cultural, religious, ethnic, etc.) BA12-BSN – Mentors others in effective patient advocacy</p> |
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| <p>K13: Understands ethical principles, values, concepts, and decision making that apply to nursing and patient care</p> | <p>S13a: Applies and incorporates ANA professional nursing code of ethics and professional guidelines into daily clinical practice</p> <p>S13b: Utilizes an ethical decision-making framework in clinical situations</p> <p>S13c: Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice</p> <p>S13d: Enlists system resources and participates in efforts to resolve ethical issues in daily practice</p> <p>S13e: Recognizes moral distress and seeks resources for resolution</p> | <p>A13a: Values the application of ethical principles in daily practice</p> <p>A13b: Values acting in accordance with codes of ethics and accepted standards of practice</p> <p>A13c: Clarifies personal and professional values and recognizes their impact of decision making and professional behavior</p> | <p>Gap in knowledge, skills & attitudes in ADN curriculum. Covered in BSN curriculum.</p> | <p>TeamSTEPPS®</p> <p>Re-define moral distress to situational awareness?</p> | <p>K13-Recognize and acknowledge moral distress by leveraging resources to resolve ethical issues</p> <p>BA13-ADN-Recognize and acknowledge moral distress by leveraging resources to resolve ethical issues</p> <p>BA13-BSN-Utilizes self-reflection to improve situational awareness of ethical issues</p> |
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| <p>K14a: Understands responsibilities inherent in being a member of the nursing profession</p> <p>K14b: Recognizes the relationship between personal health, self-renewal and the ability to deliver sustained quality care</p> <p>K14c: Recognizes the relationship between civic and social responsibility and volunteerism with the advancement of one's own practice and the profession of nursing</p> | <p>S14a: Understands the history and philosophy of the nursing profession</p> <p>S14b: Incorporates professional nursing standards and accountability into practice</p> <p>S14c: Advocates for professional standards of practice using organizational and political processes</p> <p>S14d: Articulates to the public the values of the profession as they relate to patient welfare</p> <p>S14e: Advocates for the role of the professional nurse as a member of the interdisciplinary health care team</p> <p>S14e: Develops personal goals for professional development</p> <p>S14f: Assumes social and civic responsibility through participation in community volunteer activities</p> <p>S14g: Assumes professional responsibility through participation in professional nursing organizations</p> | <p>A14a: Recognizes need for personal and professional behaviors that promote the profession of nursing</p> <p>A14b: Values and upholds altruistic and humanistic principles</p> | <p>Gap in K14c, S14a, c-g in ADN curriculum. ADN students have limited exposure, introduced to concepts only. Competency covered adequately in BSN curriculum.</p> | <p>BA14a-ADN-Adheres to standards and behaviors related to professional responsibility to the patient, family, organization, community and to self (i.e. social media, dress code)</p> <p>BA14b-ADN- Actively engages in interactions reflective of professional nursing standards</p> <p>A14a-BSN-Develops goals to continuously develop self personally and professionally</p> <p>A14b-BSN-Acts upon social and civic responsibilities in order to advance the image of nursing</p> |
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SYSTEMS-BASED PRACTICE(NOF-MA)

Definition: Demonstrate an awareness of and responsiveness to the larger context of the health care system, and will demonstrate the ability to effectively call on microsystem resources to provide care that is of optimal quality and value (Adapted from ACGME, n.d.).

| Knowledge | Skills | Attitudes | Gaps | Action Plan | Practice Partners |
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| <p>K1: Understands the difference between microsystems and macrosystems in health care</p> | <p>S1a: Identifies inefficiencies and failures on the work unit, such as those involving supplies, medications, equipment and information.</p> <p>S1b: Plans, organizes, and delivers patient care in the context of the work unit</p> | <p>A1a: Appreciates the role of new staff nurses in the operations of an effective microsystem</p> <p>A1b: Appreciates how the elements of the microsystem impact on one's practice</p> | <p>Gap in S1a & A1 in ADN curriculum. Micro and macrosystems explained but limited exposure for Associate Degree students. Both covered in BSN curriculum.</p> | <p>Classroom: Content – understand value based purchasing. NDNQI Clinical: SEE NDNQI in practice – be alert to indicators – discuss on the unit. Microsystem of the unit. Simulation: Competency testing Q&S issues and identification</p> <p>Utilize case studies to initiate dialogue regarding micro and macro-systems Incorporate conversation on medication analysis, impact on the micro and macro-systems during education labs and simulations.</p> <ul style="list-style-type: none"> • Provide guide for clinical instructors to initiate post conference dialogue on systems. (example: how was the care you provided today impacted by previous parts of the macrosystems, such as ED, OR etc.? How will your care impact future parts of the macrosystem? • Identify opportunities for students to attend team meetings, case management, meetings. • Conduct IPE simulations that include systems impact. • Structure communication regarding identification of micro vs macr. System initiatives (a bit fuzzy on what this means!!!) • Provide opportunity to shadow charge nurse or staff nurse and | <p>K1- Seeks supervision, consultation and/or assistance when unable to perform safely or effectively independently</p> <p>BA1-ADN - Seeks supervision, consultation and/or assistance when unable to perform safely or effectively independently</p> <p>BA1 – BSN – Verbalizes how their individual practice and their unit's outcomes impact the macrosystem (organization)</p> |
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| <p>K2a: Understands the impact of macrosystem changes on planning, organizing, and delivering patient care at the work unit level</p> <p>K2b: Understands interrelationships among nursing, the nursing work unit, and organizational goals</p> | <p>S2a: Considers the influences of the macrosystem, work unit, and patient/ family when making patient care decisions</p> <p>S2b: Seeks to solve problems encountered at the point of care</p> <p>S2c: Makes management aware of clinical and work unit problems encountered in daily practice</p> <p>S2d: Identifies inefficiencies and failures on the work unit,</p> | <p>A2a: Appreciates the complexity of the work unit environment</p> <p>A2b: Recognizes the complexity of individual and group practice on a work unit</p> <p>A2c: Appreciates the impact of one's decisions on the work unit</p> <p>A2d: Recognizes the importance of work unit</p> | <p>Gaps in all areas except S2b in ADN curriculum. Students lack KSAs in macrosystems. ADN curriculum focuses on microsystems. Macrosystems covered in BSN curriculum.</p> | <p>Focus on inefficiencies, gaps, potential for improvement related to (ex: CLABSI, CAUTI, VAP and other Quality Indicators)</p> <p>Classroom: Focus learning on continuous improvement concepts</p> <p>Clinical: Planning and organizing on the work unit?</p> <ul style="list-style-type: none"> • Look at finances – reducing supply waste; reducing time wast • How does the micro (unit) and/or macro system embrace contributions for improvement from of nursing staff/empowerment of nursing staff to contribute ideas to improve unit/system processes | <p>K2- Properly uses supplies and coordinates care to reduce waste of resources</p> <p>BA2- ADN - Properly uses supplies and coordinates care to reduce waste of resources at the point of care (microsystem)</p> <p>BA2 – BSN – Identify opportunities for improvement/ inefficiencies in individual and unit practice and participate in / produce improvements in unit's outcomes to improve the macrosystem (organization)</p> |
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| <p>K3a: Understands the concept of patient care delivery models</p> <p>K3b: Understands role and responsibilities as a member of the health care team in planning and using work unit resources to achieve quality patient outcomes</p> <p>K3c: Understands the relationship between the outcomes of one's own nursing care and work unit resources</p> | <p>S3a: Considers resources available on the work unit when contributing to the plan of care for a patient or group of patients</p> <p>S3b: Collaborates with members of the health care team to prioritize resources, including one's own work time and activities delegated to others, for the purposes of achieving quality patient outcomes</p> <p>S3c: Evaluates outcomes of one's own</p> | <p>A3a: Acknowledges the tension that may exist between a goal-driven and a resource-driven patient care delivery model</p> <p>A3b: Values the contributions of each member of the health care team to the work unit</p> <p>A3c: Values the management of one's own time as a critical work unit resource in delivering patient care</p> <p>A3d: Values the</p> | <p>Gaps in S3, A3a, A3d in ADN curriculum. Student has knowledge base; limited opportunities for collaboration/emphasis on collaboration in care.</p> <p>ADN student unable to appreciate goal versus resource driven delivery models.</p> | <p>Develop clinical assignments that encourage a shift in thinking and interaction.</p> <p>Examples: Leadership assignments which require delegation, interaction, and feedback. Even if a student is providing direct care, question them about whether the activity could be delegated.</p> <p>Assignments that reflect quality improvement and safety issues on a unit</p> <p>Patient interviews r/t to satisfaction with experience then a reflection on the related micro or macro system process that needs to be addressed</p> <p>Develop structured "scripts" for delegation (similar to TEAMSTEPPS)</p> <p>Shift the paradigm of feedback from negative to essential for professional growth, through education of educators</p> <ul style="list-style-type: none"> Evaluation of peers to familiarize students with feedback using structured scripts. <p>View the unit's staffing plan (per CCF, most hospitals have available on intranet)</p> <p>Identify different team members and discuss the various roles, communication, teamwork and</p> | <p>K3a- Delegates to UAPs based on acuity, need and role definition in accordance with the Ohio Revised Code which includes initial delegation, monitoring and following-up on delegate tasks throughout the work shift</p> <p>K3b- Shares observations and experiences regarding work unit functioning in order to make improvements in patient outcomes or unit processes</p> <p>BA3a-ADN - Delegates to UAPs based on acuity, need and role definition in accordance with the Nurse Practice Act which includes initial delegation, monitoring and following-up on delegated tasks throughout the work shift</p> <p>BA3b-ADN - Prioritizes patient care activities based on clinical acuity & safety needs & prioritizes resources accordingly</p> <p>BA3c-ADN - Shares observations/ experiences regarding work unit functioning in order to make improvements in patient outcomes or unit processes</p> <p>BA3a - BSN - Develops a collegial partnership with UAPs in order to add value to both their role and achieve patient outcomes</p> <p>BA3b - BSN Engages in self-reflection and solicits feedback regarding prioritization, care delivery and resource use</p> <p>BA3c - BSN - Organizes aggregate feedback regarding</p> |
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| <p>K4: Understands role and responsibilities as patient advocate, assisting patient in navigating through the health care system</p> | <p>S4a: Serves as a patient advocate</p> <p>S4b: Assists patients and families in dealing with work unit complexities</p> <p>S4c: Uses education and referral to assist the patient and family through transitions across the continuum of care</p> | <p>A4a: Values role and responsibilities as patient advocate</p> <p>A4b: Values partnerships in providing high quality patient care</p> <p>A4c: Values effective communication and information sharing across disciplines and throughout transitions in</p> | <p>Gaps identified in ADN curriculum for K4, S4c, and A4b-d. Adequately covered in BSN curriculum.</p> | <p>delegation that was observed during clinical</p> <ul style="list-style-type: none"> • Post conference – Look at unit assignment sheet – have students analyze and discuss what they might have done differently and why (or look at student assignments for same activity) • Develop unfolding case studies to begin awareness and dialogue • Develop/locate/create vignette on examples of patient advocacy • Conduct simulation on advocacy, using “difficult” scenarios and/or incorporate in current simulation activities. • Discuss or create role plays regarding chain of command • Develop patient interviews to obtain feedback on the stay/satisfaction • Discuss points of advocacy on behalf of patient and/or family • Perspective of patient/families trying to navigate the healthcare system. | <p>K4- Develops a plan of care for the patient that reflects macro-influences on course of care such as financial resources, access to care, and patient’s cultural/family milieu</p> <p>BA4-AND- Develops a plan of care for the patient that reflects macro-influences on course of care such as financial resources, access to care, and patient’s cultural/family milieu</p> <p>BA4-BSN- Expands the plan of care to incorporate resources and disciplines that will aid in the patient’s and family’s transition through the continuum of care.</p> |
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| <p>K5a: Understands that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>K5b: Is aware that different models of health care financing and regulation can influence patient access to care</p> | <p>S5a: Provides care based on current legal, political, regulatory, and economic requirements</p> <p>S5b: Articulates issues at the work unit level that impact care delivery and facilitate resolution</p> <p>S5c: Brings issues of concern at the work unit level to the attention of others who can facilitate resolution</p> | <p>A5a: Appreciates that legal, political, regulatory and economic factors influence the delivery of patient care</p> <p>A5b: Values the need to remain informed of how legal, political, regulatory, and economic factors impact professional nursing practice</p> | <p>Gap in Knowledge, Skills & Attitudes in ADN curriculum. Student may identify but unable to deal with resolution. Competency adequately covered in BSN curriculum.</p> | <p>Complete module(s) on IHI.org related to care delivery.</p> <p>Incorporate in clinical post conferences impact of readmission, bundling on health care costs; incorporate ethical dilemmas bundling creates, having the students problem solve solutions (i.e. patient admitted for one reason but needs a colonoscopy; hospital won't be reimbursed for colonoscopy but the nurse could schedule an appointment and provide education</p> <p>Example: pressure ulcer stage 1: cost to system=\$30,000.</p> <ul style="list-style-type: none"> • Ask student to identify which core measures a patient is at risk for and how this would affect the financial situation. • Develop discharge plans • Review core measures • 30 day readmission case study | <p>K5- Performs nursing interventions and technical skills not only safely but efficiently ensuring only necessary supplies are used and minimal waste occurs</p> <p>BA5-ADN- Performs nursing interventions and technical skills not only safely but efficiently ensuring only necessary supplies are used and minimal waste occurs</p> <p>BA5a-BSN- Identify opportunities for improvement in the safety, efficiency and effectiveness of care delivery.</p> <p>BA5b-BSN- Maintains an awareness of legal, Regulatory, political and economic factors</p> |
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| <p>K6: Is aware of global aspects of health care</p> | <p>S6a: Engages in self-reflection on one's role and responsibilities related to global health issues</p> | <p>A6a: Appreciates the potential of the global environment to influence patient health A6b: Appreciates the potential of the global environment to nursing practice</p> | <p>Gap in ADN curriculum of skills related to their role related to global health. Competency covered in BSN curriculum.</p> | <ul style="list-style-type: none"> • Incorporate current events (example: Ebola, Zika) into classroom discussion that incorporates the role of the nurse, community response, dissemination of accurate information, managing information, etc. Focus can be regional, national, or international • Ask currently enrolled international students to present health care concerns in their country of origin, comparing the etiology and risk factors to US patients • Incorporate assessment of travel into health assessment. • Incorporate YouTube videos: "did you know" | <p>K6- Recognize that optimal patient care crosses a continuum from prevention to intervention to wellness; during hospital stay, begin preparing patient and family for long term disease management or long term wellness enhancement in order to promote patient activation</p> <p>BA6-ADN- Recognize that optimal patient care crosses a continuum from prevention to intervention to wellness; during hospital stay, begin preparing patient and family for long term disease management or long term wellness enhancement in order to promote patient activation.</p> |
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References

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